http://occupations.ky.gov/

P.O. Box 1360 Frankfort, Kentucky 40602

## LETTER OF SUPERVISION FOR ISSUANCE OF A TEMPORARY OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT PERMIT

All applicants applying for a temporary permit to practice as an occupational therapist or occupational therapy assistant under the supervision of a certified occupational therapist must have this letter completed and signed.

## THE INDIVIDUAL WILL NOT BE ABLE TO BEGIN WORK UNTIL THE TEMPORARY PERMIT IS APPROVED BY THE BOARD AS PART OF THE REGULARLY SCHEDULED MEETING.

		will be under my supervision while	
	cing occupational therapy under a temporary S 319A.100 and 201 KAR 28:130, I understand	permit in the Commonwealth of Kentucky. According d the following:	
? I	shall be responsible for all occupational thera	py treatment outcomes.	
? <i>T</i>	The client's care shall always be my responsibility.		
? $S$	Supervision shall be available at all times.		
	t least thirty (30) minutes of face-to-face super ermit holder.	rvision shall be provided daily for the temporary	
	Beginning Date	Signature of Supervisor	
Name of Employing Facility		Printed Name	
Address of Employing Facility		KY License No. & Expiration Date	
City, State, Zip		Date of Signature	
		Work Telephone Number	

NOTE: According to 201 KAR 28:180, a temporary permit holder who is working towards becoming licensed as an occupational therapist or occupational therapy assistant who has been unsuccessful in passing the NBCOT or equivalent certification examination shall notify the board in writing within ten (10) calendar days from receiving notification from NBCOT the he/she has failed to pass the examination on the second attempt. If the examination is available on an ongoing, on-demand basis, a temporary permit shall be valid for up to 180 days from issuance by the board. Upon successful completion of the certification examination, a temporary permit holder shall immediately submit a copy of the NBCOT certification or its equivalent to obtain licensure.